General Medical Council

Visit Report on Northumbria Healthcare NHS Foundation Trust

This visit is part of our regional review of undergraduate and postgraduate medical education and training in the North East.

Our visits check that organisations are complying with the standards and requirements as set out in *Promoting Excellence: Standards for medical education and training.* This visit is part of a regional review and uses a risk-based approach. For more information on this approach see http://www.gmc-uk.org/education/13707.asp

Education provider	Northumbria Healthcare NHS Foundation Trust
Sites visited	Northumbria Specialist Emergency Care Hospital (NSECH)
Programmes	• Undergraduate (Newcastle Medical School) • Foundation programme • Core medical training • Respiratory medicine • Obstetrics & gynaecology
Date of visit	17 October 2018
Were any serious concerns identified?	Yes – see requirement 1.

Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded in the organisation.

Number	Theme and requirements	Areas that are working well
1	Theme 1 (R1.5)	Feedback is sought from all levels of learners and acted upon by the trust. Learners recognise changes which have been made based upon previous feedback.
2	Theme 2 (R2.1)	There is an effective and functional educational governance structure which feeds to the trust board via the medical education board.
3	Theme 3 (R3.2)	The trust provides clear support for learners. Students were positive about the academic and pastoral support available to them including the valuable contribution the clinical teaching fellows make to their learning experience. In addition, doctors in training valued the 'better doctor, better patient' programme.
4	Theme 3 (R3.3)	The promotion of zero tolerance of bullying and undermining within the trust.

Area working well 1: Feedback is sought from all levels of learners and acted upon by the trust. Learners recognise changes which have been made based upon previous feedback.

1 The trust seeks feedback from all levels of learners and uses this to implement changes to improve education and training. During our visit we met with a variety of learners who provided us with multiple examples of this.

2 Students are asked to complete an evaluation form at the end of each module and believe that their feedback is valued by the trust. They are informed by the trust of changes made to the modules based upon previous cohort's feedback. In addition, students' have the opportunity to feed back through student committees.

3 Doctors in specialty training have the opportunity to feed back to senior management through the junior doctors' forum and they feel listened to and valued by the trust. In addition, doctors in training have opportunities to feed back through the trust's governance system, such as by being involved in quality improvement projects and sitting on the Medical Education Board alongside teaching fellows.

4 Feedback collected from learners is used by the senior management team to improve education and training experience, and we were provided with multiple examples of this, such as improvements to the foundation induction to allow more time on wards, a change in rotas to allow doctors in training to access more educational opportunities, and the handover project which currently has a second cohort of doctors in training leading it.

5 The senior management team have aspirations to expand the use of doctors in training as a resource to drive improvement, and are currently looking into running a chief resident programme, whereby senior doctors in training are appointed as an advocate for their clinical service and maintain the link between management, supervisors and doctors in training.

Area working well 2: There is an effective and functional educational governance structure which feeds to the trust board via the medical education board.

6 There is one medical education board across all hospitals within the trust. The senior management team have strong links with the medical school and Health Education England North East and North Cumbria (HEE NE&NC), and there are regular meetings between all parties, both formally and informally.

7 The trust involves learners in educational governance as much as possible, and the senior management team are continually reviewing their involvement. Student representatives sit on the board of medical studies which meets bi-weekly and doctors in training are represented on the health and wellbeing board. In addition foundation doctors in training, teaching fellows, core medical trainees and doctors in GP training are included on the medical education board and the senior management team use them as a resource for ideas on quality improvement.

8 Clinical supervisors we spoke to meet on a monthly basis to talk about any issues or concerns, which are then taken to the medical education board and can be escalated to the Director of Education. If issues have not been resolved, the Director of Education then takes the issue to the main trust board and the chief executive.

9 During our visit we were provided with various examples of these governance structures being used effectively to resolve issues, such as a complex rota issue being escalated through to the Director of Education and an example of doctors in training raising concerns about the facilities available to them, which was escalated through the education board to the trust board, and as a result the conference centre was developed.

Area working well 3: The trust provides clear support for learners. Students were positive about the academic and pastoral support available to them including the valuable contribution the clinical teaching fellows make to their learning experience. In addition, doctors in training valued the 'better doctor, better patient programme'.

10 During our visit we heard about the variety of ways learners are supported by the trust. All levels of learners were positive about the support they receive and we heard multiple examples of this support.

11 Students were extremely positive about the involvement of clinical teaching fellows in their education. Students are allocated a teaching fellow in groups of five and their teaching fellow greeted them on their first day and showed them around the ward, checking back in with them frequently throughout the first day to ensure they were settling in. In addition, at the end of each week the students meet with their teaching fellow in their groups and the students feel this is a good way to raise any issues.

12 Clinical teaching fellows are very keen to find out how students are progressing with their placements. For example, following the weekly group sessions, designated students meet with the clinical teaching fellows to provide feedback, which is then published on 'Slack', their social media platform, so that all students can access it. Any issues from these meetings that need to be raised with supervision are taken forward by the clinical teaching fellows.

13 There is a robust transfer of information system between the trust and the medical school, so senior management are made aware of any students who are in need of additional support prior to them starting their placement in the trust. In addition, the trust has a close relationship with HEE NE&NC and so they are made aware of any doctors in difficulty before they arrive, and receive copies of any supporting documentation for them, such as action plans.

14 Students who require reasonable adjustments are contacted during their induction and offered a meeting with their supervisor to discuss any additional support they require.

15 The senior management team have strong links with HR and Occupational Health and prior to doctors in training arriving at the trust, they arrange to meet with the individual with HR to discuss their requirements and the support the trust can offer, and can refer them for an early Occupational Health review if necessary. Foundation doctors in training who require reasonable adjustments are offered meetings with their supervisors to ensure that they have adequate support.

16 The trust has a number of doctors in less than full time training. Those doctors in training we met with who are in less than full time training told us that the trust are very accommodating and they feel well supported.

17 In another example of the support provided by the trust, foundation doctors in training value the 'better doctors, better patient programme' whereby they meet three times per year to focus on topics such as continued professional development, team working, safety, health and wellbeing, quality improvement and leadership. They valued the additional opportunity this provided to them to meet with the foundation lead to discuss their progress in training and in updating their portfolios. Although the programme is only open to foundation year one doctors at present, the senior management team have aspirations to extend this to foundation year two doctors.

Area working well 4: The promotion of zero tolerance of bullying and undermining within the trust.

18 The trust has a zero tolerance policy towards bullying and undermining, and this was reiterated to us throughout our visit by each cohort we met with. All learners we spoke to were aware of how to raise concerns relating to this behaviour, but they did not feel this behaviour is an issue within the trust.

19 During their induction, the Director of Education speaks to students about bullying and undermining and encourages them to raise any instances of this behaviour immediately. They are told they can approach him directly if they have any concerns; however none of the students we spoke to had experienced this behaviour.

20 Core trainees are also spoken to by the Director of Education at their induction about bullying and undermining and are encouraged to report this behaviour. All trainees we spoke to were aware of the processes for reporting it and although none had ever had reason to use this process, they would be comfortable reporting this behaviour.

21 The senior management team are confident that bullying and undermining is not an issue at the trust, and this is reflected in the feedback we obtained during our visit. They told us that any issues raised would be dealt with quickly, and that the Director of Education reinforced their zero tolerance policy at each induction session.

Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme and requirements	Requirements
1	1 (R1.7/1.8)	The trust must ensure there is adequate supervision out of hours at the three base units for foundation doctors in medicine.
2	1 (R1.13)	The trust must review the specialty inductions and ensure there is provision for those doctors in training who miss the induction due to being out of sync on the rota.
3	1 (R1.14)	The trust must review formal handover arrangements for the transfer of patients between sites and for early evenings at base units.

Requirement 1: The trust must ensure there is adequate supervision out of hours at the three base units for foundation doctors in medicine.

22 During our visit we identified a serious concern relating to supervision at the three base units: Hexham General Hospital, North Tyneside General Hospital and Wansbeck General Hospital.

23 During the hours of 5.00pm to 9.00pm a foundation year two doctor is the most senior medical person working at the base units. In addition, on some occasions a foundation year two doctor is the most senior medical person onsite at Hexham General Hospital overnight.

24 If senior assistance is needed during these hours, the foundation doctors in training can call the '7777' helpline which gives them the option to speak to an ICU consultant or specialty consultant. In addition, there is also an option to use an IPad to video call the consultant and off site consultants in every specialty are directly available to call for advice. The foundation doctors in training find this system useful, as although there are advanced nurse practitioners on site, they sometimes require more senior support. The doctors in training we spoke to did not consider the Advanced Nurse Practitioners at the site to be senior support or senior supervision.

25 During the hours of 5.00pm to 9.00pm, the foundation year two doctor is also in charge of the arrest team at the base units and we were given examples of cardiac arrests happening at the site. There is also absence of routine consultant review of patients at the weekends in the three base units.

26 There are no consultants working at the base units during the weekend; however a doctor in specialty training does visit the sites during the afternoon to review patients who have been selected by foundation doctors in training. Doctors in specialty

training confirmed these arrangements, however admitted that when they visit the sites they sometimes find patients who are sicker than expected and the system is heavily dependent on foundation doctors in training identifying the patients who ought to be reviewed by them.

27 Clinical supervisors felt that the '7777' helpline and presence of Advanced Nurse Practitioners provide adequate support for the foundation doctors in training.

28 Overall we found there is evidence of absence of senior clinical supervision for foundation doctors in training in the three base units during the evenings as well as overnight at Hexham General Hospital. The trust must ensure there is adequate supervision out of hours at the three base units and overnight at Hexham General Hospital. This issue was highlighted to the trust and HE NE&NC on the day of the visit and they were asked to provide a written response during the week following the visit.

29 Since our visit the trust has raised the concern with the Executive Management Team and has identified ways to increase supervision, by amending rotas, which will come into effect in December 2018, and increasing the number of Advanced Nurse Practitioners. Following a review of their response, we have agreed that the concern should be monitored through our routine monitoring process whereby the trust will provide regular updates to HEE NE&NC who will support them to resolve the issues.

Requirement 2: The trust must review specialty inductions and ensure there is provision for those doctors in training who miss the main induction

30 We received varied feedback from doctors in training about induction. The trust induction was praised by most, however foundation doctors in training who came to the trust from a different deanery missed the main induction and described their induction as 'chaotic' as they were unable to access IT systems the required at first. The trust must ensure there is provision for those doctors in training who miss the specialty induction.

31 Doctors training in obstetrics & gynaecology feel the trust have put a lot of effort into their departmental induction, however feel that some elements which would have been useful, such as gaining access to dictation software, were missing. In addition, those who were on nights when the induction took place missed it and there was no provision for an alternative induction for them.

32 Doctors training in respiratory medicine do not receive a formal departmental induction, and instead a consultant shows them around on their first day, and issues them with a rota and timetable. They feel that a formal induction would be a more useful introduction to the department.

33 Respiratory medicine specialty inductions are organised by the managers of each department, however induction is varied across specialties. The trust must review the

consistency of these inductions to ensure that all doctors in training have access to an induction.

Requirement 3: The trust must review formal handover arrangements for the transfer of patients between sites and for early evenings at base units.

34 Prior to our visit, the senior management were aware of an issue with handover within the trust and had already implemented a working group to work towards resolving this. Learners are aware that this work is ongoing, however during our visit they provided us with varied views on the progress of this group, including examples of poor handover arrangements.

35 Foundation doctors in training feel that handover is starting to improve within the trust, however we were provided with examples of patients who were not reviewed over the weekend at base units and were 'lost' until nurses flagged them up. This is due to no formal handover arrangements being in place at the weekend.

36 Core trainees within respiratory medicine feel that handover within the department at NSECH is robust with twice daily handovers with consultants' present; however they felt that handover is poor between NSECH and the base units. We were also provided with examples of occasions where patients were transferred to the base units who they felt were too unwell and should have remained at NSECH.

37 Core trainees within respiratory medicine are unhappy with handover arrangements during the evening. Although there are handover meetings at 9.00am and 9.00pm, there is no time allocated for handover between shifts in the early evening at the base units, however trainees are expected to hand over particularly sick patients. There is therefore an informal meeting at 5.00pm to do this; however trainees feel that this is rushed. Again, trainees told us that handover between NSECH and the base units is poor.

38 Core trainees were aware of the ongoing work within the trust to improve handover; however they told us that there is still much work to be done, as they regularly have to chase up the status of patients themselves when starting their shift.

39 Doctors training in respiratory medicine feel that handovers are well organised. The morning handover involves all levels of doctors in training, consultant and a higher trainee from both the night and day shifts, and the evening handover is led by a higher trainee with a nominated medical consultant present and an advanced nurse practitioner who acts as the bed manager. They told us that they had not experienced any issues with handover and felt they are effective.

40 Doctors training in obstetrics & gynaecology were not as enthusiastic about their handovers and told us that they are led by the higher trainees and are often rushed with people having to leave quickly.

41 Overall we found evidence of a lack of formal handover arrangements supporting the transfer of patients between sites and also a lack of formal handover in the early evening at base units and therefore there must be urgent resolution of the poor handover arrangements between sites and in the evenings. The trust must review formal handover arrangements for the transfer of patients between sites and for early evenings at base units.

Recommendations

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme and requirements	Recommendations
1	1 (1.10)	The trust should continue work to embed the lanyard identification system across the trust to ensure all levels of learners are identifiable.
2	3 (3.12)	The trust should ensure consistency of access to study leave for learners.
3	3 (3.13)	The trust should review feedback given to doctors in training on their contributions to overnight management of acute medical patients to support their learning.

Recommendation 1: The trust should continue work to embed the lanyard identification system across the trust to ensure all levels of learners are identifiable.

42 In August 2018 the trust introduced a lanyard identification system for learners, which is still in the early stages of being embedded across the trust. The system was introduced a result of feedback received from previous cohorts of doctors in training.

43 The students we spoke to were wearing rainbow coloured lanyards which advertise the north east and are not student specific. They were aware of the lanyard system and told us of the different colours for foundation doctors in training and doctors in specialty training. Students told us that patients would not be aware that they were students as their badges are hard to read, and therefore patients could confuse them with doctors who also wear the rainbow lanyards.

44 Foundation doctors in training we met were wearing coloured lanyards appropriate to their year of training; however those who joined the programme out of sync were not given a lanyard and so wore the generic rainbow lanyards.

45 Some core and doctors in specialty training we met with were wearing the appropriate coloured lanyard; however they can choose to wear the rainbow lanyard if they prefer. In their opinion, patients would not be able to differentiate between the different levels of doctor and they did not think that nurses were fully aware of the lanyard system.

46 Senior management are currently developing posters to put up around the trust to help nurses, and those from other professions, to identify the different levels of learners.

47 Although the lanyard identification system is new, further work should take place to embed this across the trust and ensure all levels of learners are identifiable. We would encourage the ongoing work to introduce posters across the trust and would recommend that the trust reviews the use of the rainbow coloured lanyards.

Recommendation 2: The trust should ensure consistency of access to study leave for learners.

48 There is variability of access to study leave for learners within the trust. Foundation doctors in training we met with had not experienced issues obtaining study leave, however other doctors in training had differing experiences.

49 Those doctors training in respiratory medicine find it easy to arrange study leave, as long as there are enough members of staff to cover their absence, however those within obstetrics & gynaecology told us that having study leave approved depended on the supervisor or rota coordinator.

50 Those doctors training in obstetrics & gynaecology are responsible for ensuring there is enough coverage within the department whilst they are on study leave. We were given examples of doctors in training having to 'haggle' with their supervisors to have study leave and time to attend training courses approved, and examples of supervisors not responding to their requests, or responding to the request after a long period of time resulting in the training courses they wished to attend being full.

51 Overall we found that the process for requesting study leave was not consistently applied across the trust and therefore we recommend that the trust reviews their process to ensure all learners have access to study leave.

Recommendation 3: The trust should review feedback given to doctors in training on their contributions to overnight management of acute medical patients to support their learning.

52 There is a lack of feedback to doctors in training on their contributions to overnight management of acute medical patients to support their learning.

53 Doctors in specialty training are not given routine feedback on their overnight workload and have to request this from their supervisors. They feel that regular

feedback on the overnight management of patients would enhance their learning experience.

54 As a result of this feedback from doctors in training, we recommend that the trust reviews the feedback given to doctors in training on the management of patients overnight.

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Evidence base	1. Medical Education Board Terms of Reference 2. Final QIP 2017 3. 2017 Self-Assessment Report (SAR) 4. Clinical and Educational Supervision Tariff and Duties (2017) 5. UKFPO Annual Report Template 2017 6. Form B O&G Specialty Trainee 7. What We Do Here O&G 8. Faculty Development Programme 2016 - 2018 9. Procedures for obtaining consent policy 10. Equality, Diversity and Human Rights Policy 11. Northumbria LQAF Policy 12. Northumbria YSYS Report 2017 with comments 13. Junior Doctor Forum Minutes 14. 5 year plan – Strategy Diagram April 2018 15. Learning and Development Induction Policy 16. Northumbria Healthcare NHS FT LDA - 2017-18 17. School of Paediatrics Quality Visit 2018 18. UG - UG Board Terms of Reference 19. UG - FTP Procedure 2018 20. Shadowing Week Programme 2017 21. Dignity At Work Policy 22. Agenda - Medical Education Board 10th March 2015

Acknowledgement

We would like to thank Northumbria Healthcare NHS Foundation Trust and all those we met with during the visit for their cooperation and willingness to share their learning and experiences.

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2 April 2019

Dear Eleanor

Can we first thank every member of the GMC's visiting team that reviewed the delivery of education and training in the Trust last year. The report you have provided as well as your verbal feedback has been extremely helpful and has been shared across the organisation.

It was particularly pleasing to see recognition by the team of the supportive learning environment we have here. We have always listened to feedback from our trainees and it has been this feedback that has helped us design placements and ways of working.

We have submitted the required action plan in response to the visit and will work closely with Health Education England (North East and North Cumbria) to ensure that all requirements are met. Immediate changes were made to ensure supervision was in place for our Foundation Doctors at all times on our non-acute sites.

We are always developing new systems in Northumbria and our ways of working reflect a need to change from traditional models as well as the skills and competencies of a new more diverse medical workforce. We feel that the issues raised by the GMC training standards are likely to affect other Trusts in coming years as the workforce changes and patient demand rises. We have designed a model that manages this change and it is one that will continue to adapt as we listen to feedback from our staff, our patients and our regulators.

With our thanks again

Chris Tiplady
Director of Medical Education